



es 1/6/03

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

03 JAN -6 AM 11:27

STATE OF HAWAII
STATE ETHICS COMMISSION

149
KUL

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
Fitchett, Dorie			941-0556
MAILING ADDRESS (Street)			FAX
1654 S. King St.			945-0019
(City)	(State)	(Zip Code)	
Honolulu, HI	96826		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

Hawaii Credit Union League	941-0556	
MAILING ADDRESS (Street)	FAX	
1654 S. King St.	945-0019	
(City)	(State)	(Zip Code)
Honolulu, HI	96826	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Dorie Fitchett		941-0556
MAILING ADDRESS (Street)		FAX
1654 S. King St.		945-0019
(City)	(State)	(Zip Code)
Honolulu, HI	96826	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	<u>Financial</u>
			<u>Institutions</u>

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Jane Filchett

(Signature of Lobbyist)

January 3, 2003

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Dennis K. Tanimoto	President

NAME OF ORGANIZATION (if applicable)

Hawaii Credit Union League

TELEPHONE

941-0556

MAILING ADDRESS (Street)

1654 S. King St.

FAX

945-0019

(City)

(State)

(Zip Code)

Honolulu, HI 96826

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

[Signature]

(Signature of Authorizing Officer or Person Represented)

January 3, 2003

(Date)